## U.S. Department of 94 style 10642-RWZ Document 13 United States Marshals Service

Filed 08/02/2004 Page 1 of 1 PROCES: ECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA								COURT CASE NUMBER CA No. 04-10642-RWZ			
928 Oakley Street, New Bedford, Massachusetts								TYPE OF PROCESS Complaint and Warrant and Monition			
SERVE	ERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN										
<b>)</b>	JOHN J. BEVILACQUA, ESQUIRE as counsel for Joyce Medeiros										
AT	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)						***		:	. 1	
380 Broadway, Providence, RI 02909								· · · · · · · · · · · · · · · · · · ·			
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:							Number of process to be served with this Form - 285				
Jo	nited States Attor ohn Joseph Moakl	ev United States (	fice  1 States Courthouse				Number of parties to be served in this case		<u>.</u>		
1 Courthouse Way, Suite 9200 Boston, MA 02210							Check for service on U.S.A.		-	. 2	
	the attached V sted.			• •		EXPEDITING SER					
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Signature of Attorney or other Originator requesting service on behalf of:							TELEPHON	TELEPHONE NUMBER DATE			
Shelbery D. WYENT /() DEFENDANT							(617) 748-310				
		OW FOR US			RSHAL ON	LY - DO NOT	WRITE BE	LOW THIS	LINE		
1 acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)  No		Total Process	District of Origin		District to Serve Signature of At No. 38		thorized USMS I	Deputy or Clerk	Date 5	112/04	
I hereby certify a	and return that I Empany, corporation	have personally on, etc. at the add	served, $\square$ hress shown al	nave leg bove or	al evidence of s on the individu	ervice, have exeal, company, corpor	cuted as shown ation, etc., sho	in "Remarks", the	ne process de inserted bele	scribed on	
☐ I hereby certify	and return that I ar	m unable to locate th	ie individual, co	ompany,	corporation, etc.,	паmed above (See геп	arks helow				
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See re.)  Name and title of individual served (If not shown above).							A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above)							Date of Serv.  5   9   Signature of	Time am pm nature of U.S. Marshal or Deputy			
Service Fee	Total Mileage Ch (including endeav	arges Forwardi	ng Fec	Total Cl	harges	Advance Deposits	Amount Owe	ed to US Marshal or Amount or Refund		r Refund	
REMARKS: 5/1°	104 Ce	atily # Delivery	7002 Dud	05	10 00	04 3543	240/		6	)	
PRIOR EDITIONS M BE USED		1. CLERK OF THE COURT					FORM US	SM 285 (Rev	. 12/15/80)		